



Office of Racing Commissioner  
PO Box 30773  
Lansing, MI 48909  
Phone: (517) 335-1420  
Fax: (517) 241-3018  
www.michigan.gov/horseracing

## Office of Racing Commissioner CERTIFICATION OF BLEEDER

Horse Name \_\_\_\_\_ Tattoo \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

I hereby certify the above named horse as a bleeder under the ORC General Rules by observing the horse bleeding through the respiratory tract.

Date \_\_\_\_\_ Time \_\_\_\_\_ the above horse was observed bleeding

\_\_\_\_\_ From the nostrils \_\_\_\_\_ By endoscopic examination

\_\_\_\_\_ Both nostrils and exam

Observed bleeding occurred: (A) During (B) Following

\_\_\_\_\_ a training exercise

\_\_\_\_\_ the \_\_\_\_\_ race at (track) \_\_\_\_\_ in (State) \_\_\_\_\_

Endoscopic exam performed by (Private Veterinarian) \_\_\_\_\_

Bleeding observed by (Name) \_\_\_\_\_

\_\_\_\_\_ Official Commissioner Veterinarian

\_\_\_\_\_ Official Association Veterinarian

THIS HORSE WILL NOT BE ALLOWED TO RACE IN THIS JURISDICTION UNTIL

\_\_\_\_\_

Official Signature \_\_\_\_\_

(A) Commissioner Vet (B) Track Vet